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Bib Data Sheet

CONFIRMATION NO. 7772

SERIAL NUMBER 10/804,786	FILING DATE 03/19/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 1180-con 3
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** CONTINUING DATA ***** *None PS*** FOREIGN APPLICATIONS ***** *None PS*

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** 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Philip A. [Signature]</i> Examiner's Signature	<i>PS</i> Initials			

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TITLE

Electroporation-mediated intravascular delivery

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)